		to take of the same as												
		to identify your cas												
Del	btor 1	Joseph McC	omb			_								
1	btor 2 buse, if filing)	Melanie McC	omb			_								
Uni	ited States Bankru	ptcy Court for the:	EASTERN DISTRICT PHILADELPHIA DIVIS		٨,									
Cas	se number 18	3-12258		<u> </u>			Check if this is:							
(If kr	nown)							An amended filing						
L											ing postpetition owing date:	chapter 13		
0	fficial Form	<u> 106l</u>						MM / DD/	YY	YY				
S	chedule I:	Your Inco	me									12/1		
spo atta	use. If you are sel ch a separate she	parated and your eet to this form. Or be Employment	re married and not filin spouse is not filing wit n the top of any additio	h you, do not includ	e inform	atio	n abou	t your spo	use	e. If mo	ore space is n	eeded,		
1.	Fill in your emp information.	loyment		Debtor 1				Debtor	Debtor 2 or non-filing spouse					
	If you have more		Employment status	■ Employed			☐ Employed							
	attach a separate page with information about additional employers.			☐ Not employed				☐ Not employed						
	Include part-time, seasonal, or self-employed work.		Occupation											
			Employer's name	InSight Global			-							
	Occupation may homemaker, if it	include student or applies.	Employer's address	1224 Hammond Dr NE Ste 1500 Atlanta, GA 30301-1537										
			How long employed th	nere? 3 years	5									
Pai	rt 2: Give De	etails About Mont	hly Income					_						
Esti		ome as of the dat	e you file this form. If y	ou have nothing to rep	oort for an	y lin	e, write	\$0 in the s	pac	e. Inclu	ude your non-fil	ing spouse		
		spouse have more te sheet to this form	than one employer, comb n.	oine the information fo	r all empl	oyer	s for th	at person o	n th	e lines	below. If you n	eed more		
							For [	Debtor 1			ebtor 2 or iling spouse			
2.			r, and commissions (be Iculate what the monthly v		2.	\$		6,413.33	<u> </u>	\$	N/A	<u>.                                    </u>		
3.	Estimate and lis	st monthly overtin	ne pay.		3.	+\$		0.00	<u> </u>	+\$_	N/A	<u>.                                      </u>		
4.	Calculate gross	Income. Add line	2 + line 3.		4.	\$	6	413.33		\$_	N/A			

Official Form 106l Schedule I: Your Income page 1

Deb Deb	tor 1 tor 2	McComb, Joseph & McComb, Melanie	_	Ca	ase number (if kno	wn)	18-12258				
				F	For Debtor 1		For De				
	Cop	y line 4 here	4.	9	6,413.	33	\$		N/A	_	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	1,222.	23	\$		N/A		
	5b.	Mandatory contributions for retirement plans	5b.	5	0.0	00	\$		N/A	_	
	5c.	Voluntary contributions for retirement plans	5c.	9	192.	40	\$		N/A	_	
	5d.	Required repayments of retirement fund loans	5d.	5	0.0	00	\$		N/A	_	
	5e.	Insurance	5e.	9		06	\$		N/A	_	
	5f.	Domestic support obligations	5f.	5		00	\$		N/A	_	
	5g.	Union dues	5g.	9		00	\$		N/A	_	
	5h.	Other deductions. Specify: Upper gwynedd township	5h.			<del></del>	+ \$		N/A	_	
		Pa unempl ee		,		86	\$		N/A	_	
		dental		9			\$		N/A N/A	_	
		hsa account vision		9		72	\$		N/A	_	
c	امام ۸		— ,	1			· · · · · ·			_	
6. –		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$			\$		N/A	-	
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,294.2	23	\$		N/A	_	
8.	8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	Ş	6 O.	00	\$		N/A		
	8b.	Interest and dividends	8b.	9		00	\$		N/A	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	: 8c.	ç		00	\$		N/A	_	
	8d.	Unemployment compensation	8d.	9		00	\$		N/A	_	
	8e.	Social Security	8e.	9	0.0	00	\$		N/A	_	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	Ot.				<u> </u>		NI/A	_	
	9.0	Specify:  Pension or retirement income	— 8f.	9		00	\$		N/A	_	
	8g. 8h.	Other monthly income. Specify: new wife contribution	8g. 8h.			00	· <u> </u>		N/A N/A	_	
	OII.	new wife contribution	— <sup>011.</sup>	_	700.	<u> </u>	`,"==		IN/A	_	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	700.0	00	\$	=	N/A	4	
10.	Calc	ulate monthly income. Add line 7 + line 9.	10.	5	4,994.23	\$		N/A	= \$	4,994.23	
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			•					•	
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your derfriends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not average.	lepende	,	,	•		J.			
	Spec	·					_	11.	+\$	0.00	
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain						12.	\$	4,994.23	
13.	Do v	ou expect an increase or decrease within the year after you file this form	?						Combi monthl	ned y income	
		No.  Yes Explain:	-								